

STATE OF CALIFORNIA  
Department of Managed Care

SOLE PROPRIETORSHIP INFORMATION FORM  
EXHIBIT F-1-c

To be used in response to Item F-1-c of Form HP 1300.51.

1. Name of Applicant (as in Item 1-a):

Full Name – First Middle and Last Names

2. Residence Address:

Street Address or P O Box Number

City, State ZIP Code

3. Names of persons performing principal management functions: List each person who occupies a principal management position or who performs principal management functions for the applicant. If this is an amended exhibit, place an asterisk (\*) before the names of persons for whom a change in title or duties is being reported and place a double asterisk (\*\*) before the names of persons, which are being added to those furnished in the most recent previous filing of this exhibit.

Full Name – First Middle and Last Names

Title or  
Duties:

Relationship Beginning  
Date:

Date – Month Day, Year

Full Name – First Middle and Last Names

Title or

Duties:

Relationship Beginning

Date:

Date – Month Day, Year

Full Name – First Middle and Last Names

Title or

Duties:

Relationship Beginning

Date:

Date – Month Day, Year

4. If this is an amended exhibit, list below the names reported in the most recent filing of this exhibit which are deleted by this amendment:

(4) Information Form for Miscellaneous Types of Entities.